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Bib Data Sheet

CONFIRMATION NO. 6379

<b>SERIAL NUMBER</b> 09/875,076	<b>FILING OR 371(c) DATE</b> 06/06/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> AREN-0239
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/417,044 10/12/1999 ABN  
 which claims benefit of 60/121,852 02/26/1999  
 and claims benefit of 60/109,213 11/20/1998  
 and claims benefit of 60/120,416 02/16/1999  
 and claims benefit of 60/123,946 03/12/1999  
 and claims benefit of 60/123,949 03/12/1999  
 and claims benefit of 60/136,436 05/28/1999  
 and claims benefit of 60/136,439 05/28/1999  
 and claims benefit of 60/136,567 05/28/1999  
 and claims benefit of 60/137,127 05/28/1999  
 and claims benefit of 60/137,131 05/28/1999  
 and claims benefit of 60/141,448 06/29/1999  
 and claims benefit of 60/136,437 05/28/1999  
 and claims benefit of 60/156,333 09/28/1999  
 and claims benefit of 60/156,555 09/29/1999  
 and claims benefit of 60/156,634 09/29/1999

OK PM 3/14/05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none PM 3/14/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 01/16/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 75	<b>INDEPENDENT CLAIMS</b> 56
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>PM 3/14/05</u> Examiner's Signature _____ Initials _____				

## ADDRESS

35133

## TITLE

NUCLEIC ACID ENCODING HUMAN G PROTEIN-COUPLED RECEPTOR

<b>FILING FEE RECEIVED</b> 3270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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